

# Work Order ID 90502

September-19-12 12:50:18 PM

**\*90502\***

Page 1

Item ID: 647.0310

Accept

**\*N9000040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Channel

Stop **\*NS2\***

Start Date: 19/09/2012 Start Qty: 20.00

**\*20\***

Cust Item ID:

Required Date: 03/10/2012 Req'd Qty: 20.00

**\*20\***

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12-09-19

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

647.0300

N/C

100

0.00

**\*100\***

BAND SAW

Bandsaw

Memo

0.00

Jeaspa Bandsaw

Cut Blank at 8.025"

110

0.00

**\*110\***

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

HAAS CNC vertical machine #1

1-Machine per folio FB134

DWG REV: N/C

FOLIO REV: AA

2- deburr and break all sharp edges

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 90502

**\*90502\***

Page 2

September-19-12 12:50:18 PM

Item ID: 647.0310

Accept

**\*N9000040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Channel

Stop **\*NS2\***

Start Date: 19/09/2012 Start Qty: 20.00

**\*20\***

Cust Item ID:

Required Date: 03/10/2012 Req'd Qty: 20.00

**\*20\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*120\***

QC

Memo

0.00

B.A 12/10/06

20

0

Quality Control

130

QC8- Inspect parts - second check

0.00

**\*130\***

QC

Memo

0.00

DAS  
14  
2-89 12/10/09

20

0

Quality Control

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

**\*140\***

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O: 18103  
Black Anodize as per Dwg 647.0310

CL 12/10/11 (20)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Process <input type="checkbox"/>																											
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Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											

FAULT CATEGORY				
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# Work Order ID 90502

\*90502\*

Page 3

September-19-12 12:50:18 PM

Item ID: 647.0310

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Channel

Stop

\*NS2\*

Start Date: 19/09/2012 Start Qty: 20.00

\*20\*

Cust Item ID:

Required Date: 03/10/2012 Req'd Qty: 20.00

\*20\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

150

Receive & Inspect for Damage & Mat'l Certs

0.00

\*150\*

Packaging

Memo

0.00

Packaging

20 0 0 12-11-17

155

QC5- Inspect part completeness to step on W/O

0.00

\*155\*

QC

Memo

0.00

Quality Control

5mb  
12-10-23

20

160

Spray Painting per QSI005 4.2

0.00

\*160\*

SprayPaint

Memo

0.00

Spray Painting

PRIME AS PER DWG, SEE NOTE #2

PRIMER BATCH: 122543

20 0 0 12-11-17

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Work Order ID 90502

September-19-12 12:50:18 PM

\*90502\*

Page 4

Item ID: 647.0310

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Channel

Start Date: 19/09/2012 Start Qty: 20.00

\*20\*

Cust Item ID:

Required Date: 03/10/2012 Req'd Qty: 20.00

\*20\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

170

QC14- Inspect Spray Paint

0.00

\*170\*

QC

Memo

0.00

Quality Control

180

Identify as per dwg & Stock Location: *st*

0.00

\*180\*

Packaging

Memo

0.00

Packaging

190

QC21- Final Inspection - Work Order Release

0.00

\*190\*

QC

Memo

0.00

Quality Control

*12/11/20 (20)*

*12/11/20*

*MF 12-11-20*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



# Picklist Print

September-19-12 12:50:23 PM

Page 1

Work Order ID: 90502

\*90502\*

Parent Item: 647.0310

\*647 0310\*

Parent Item Name: Channel

Start Date: 19/09/2012

Required Date: 03/10/2012

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV: A NEW ISSUE 12/09/18 JFS VERIFY BY DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B1.250X2.000		Purchased	No			100	f	0.0000	0.669	14.08421			

\*M7075T6B1 250X2 000\*

\*\*

7075-T6 BAR 1.250" X 2.000"

M123218

→ 14.085'

J.K 12/10/04

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
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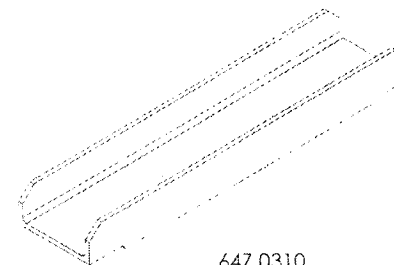
THE INFORMATION CONTAINED ON THIS DRAWING IS THE PROPERTY OF APICAL INDUSTRIES, INC. AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES, INC.

# NOTES:

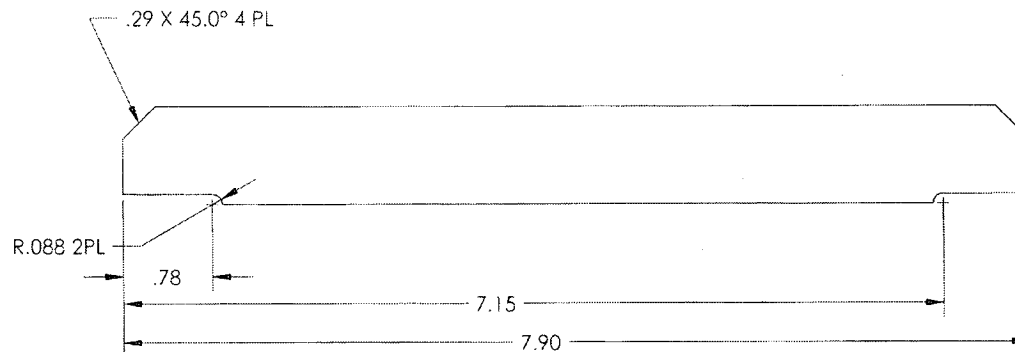
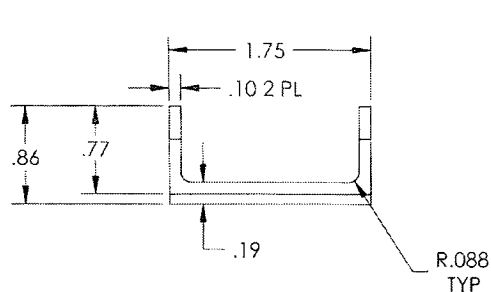
- 1 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2.  
COLOR BLACK; CARDINAL 4960-50 PRETREATMENT PRIMER;  
PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 DEBURR AND BREAK ALL SHARP EDGES
- 4 IDENTIFY IAW MPP-120

SHOW  
REF  
ENGINE  
UNCONTR  
SUBJECT TO  
WITH  
WORK

NO. 90502 MLJ  
12-09-19



647.0310



PART NO.		CHANNEL		1	2
PART NO.		DESCRIPTION		MATL	SPEC
QTY	647.0310	CHANNEL			
NEXT ASSY IS:		PARTS LIST		APICAL INDUSTRIES	
646-950R1	646-950R1	2600 TEMPLE HEIGHTS DR.		OCEANSIDE, CA. 92056-3512 (760)724-5300	
				CHANNEL	
				SCALE NONE	
				SHEET 1 OF 1	

<b>DART AEROSPACE LTD</b>	<b>Work Order:</b> 90502
<b>Description:</b> CHANNEL	<b>Part Number:</b> 647.0310
<b>Inspection Dwg:</b> 647.0300 Rev: N/C	<b>Page 1 of 1</b>

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
1.75	+/- .010	1.750	✓		Vern	GA-01
0.10	+/- .010	0.102	✓		"	"
0.77	+/- .010	0.769	✓		"	"
0.86	+/- .010	0.860	✓		"	"
0.19	+/- .010	0.190	✓		"	"
R0.088	+/- .005	R0.090	✓		R-G	ref.
0.29 x 45	+/- .010 / +/- .5°	0.290 x 45°	✓		Vern	GA-01
R0.088	+/- .005	R0.090	✓		R-G	ref!
0.78	+/- .010	0.776	✓		<del>Vern</del> Vern	GA-01
7.15	+/- .010	7.154	✓		Vern	CNC-02
7.90	+/- .010	7.901	✓		"	"

<b>Measured by:</b> A.D.	<b>Audited by:</b> DAS 14	<b>Preliminary Approval:</b>
<b>Date:</b> 12/10/06	<b>Date:</b> 12/10/09	<b>Date:</b>

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 61988

Date: 18-Oct-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

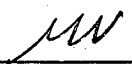
DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST  13 PCS 646.9910 43 PCS 647.0113 40 PCS 647.0310 20 PCS 647.0310  BLACK ANODIZE MIL-A-8625 TYPE 2 CLASS 2 Job: 20120630	Rev:	Line:
Certificate of Conformance  A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.  ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY  DATE: <u>18/10/12</u>  CERTIFIED SIGNATURE: <u></u>  RECEIVER SIGNATURE: _____			

**DART**  
aerospaceDart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053**PURCHASE ORDER**

Purchase Order ID PO18103

Purchase Order Date 10/11/12

PO Print Date 10/11/12

Page Number 3 of 3

## Order From :

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

VC-ATG001

## Contact Name

Vendor Phone

613-446-4544

Vendor Fax

613-446-4556

Vendor Account Nbr

## Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

6	90799	647.0310 CHANNEL	10/17/12 Yes	40.00	FedEx PI collect	\$2.7500	\$110.00
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Special Test: BLACK ANODIZE AS PER DWG 647.0310  
B90799FINISH; HARD ANODIZE IAW MIL-A-  
8625 TYPE III, CLASS 2,  
COLOR BLACK

7	90502	647.0310 CHANNEL	10/17/12 Yes	20.00	FedEx PI collect	\$5.5000	\$110.00
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Special Test: BLACK ANODIZE AS PER DWG 647.0310  
B90502FINISH; HARD ANODIZE IAW MIL-A-  
8625 TYPE III, CLASS 2,  
COLOR BLACK

8	91381	D4410-5 FACE PLATE	10/17/12 Yes	7.00	FedEx PI collect	\$12.8500	\$89.95
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Special Test: BLACK ANODIZE AS PER DWG D4410  
REV. B  
B91381FINISH; HARD ANODIZE IAW MIL-A-  
8625 TYPE III, CLASS 2,  
COLOR BLACK**CERTIFICATE OF CONFORMITY**  
REQ'D UPON DELIVERY

PO Total: \$720.04

Change Nbr: 2

Change Date: 10/11/12

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required: YES NO